

F A C S I M I L E

TO: COMMISSIONER OF PATENTS & TRADEMARKS FROM: PVTT INCORPORATED.

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Pages: 4 (INCLUDING THIS PAGE)

Date/Time:

12/31/2002

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MESSAGE:

REGARDING APPLICATION No 10/079,801

FILING DATE: 02/19/2002

AND

REVOCAION OF POWER OF ATTORNEY'S

PERMAN & GREEN, LLP. (MAILED TO PTO 06/26/02)

ALSO REGARDING: "FEE ADDRESS" INDICATION FORM, (MAILED 06/26/02)

PATENT No.: 6,348,021, SERIAL No. 09/736,869

PATENT DATE: 02/19/02, U.S FILING DATE 12/14/00

PLEASE PROCESS THE ABOVE TWO DOCUMENTS
(COPIES ATTACHED) THAT I MAILED ON JUNE 26, 2002.
TO THE COMMISSIONER OF PATENTS & TRADEMARKS. I RECEIVED
RECEIPTS FOR THE TWO SUBJECT DOCUMENTS (COPIES ATTACHED)
IN JULY 2002. TO DATE, NO APPARENT ACTION HAS BEEN
TAKEN.

Sincerely,

Alphonse J. Lemanski


Alphonse J. Lemanski
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PTO/SB/82 (10-00)

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**REVOCATION OF POWER OF
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Application Number	10/079,801
Filing Date	02/19/2002
First Named Inventor	ALPHONSE J. LEMANSKI
Group Art Unit	3681
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	

→ SHERRY ESTREMSKY

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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<input checked="" type="checkbox"/> Individual Name	ALPHONSE J. LEMANSKI				
Address	1 KIMBERLY DRIVE				
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City	HUNTINGTON				
Country	UNITED STATES OF AMERICA	State	CT	ZIP	06484
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	ALPHONSE J. LEMANSKI
Signature	<i>Alphonse J. Lemanski</i>
Date	JUNE 26, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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"FEE ADDRESS" INDICATION FORM

Address to:
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Washington, D.C. 20231

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

ALPHONSE J. LEMANSKI
1 KIMBERLY DRIVE
HUNTINGTON, CT 06484
UNITED STATES OF AMERICA

Payor No.: _____ Payor's Telephone Number: 203-929-7743
FAX NUMBER: 203-929-1505

in the following listed application(s) or patent(s) for which the Issue Fee has been paid:

PATENT NUMBER (if known)	SERIAL NUMBER	PATENT DATE (if known)	U.S. FILING DATE
6,348,021	09/736,869	02/19/02	12/14/00
PRIMARY EXAMINER: SHERRY ESTREMSKY			

Typed name of person signing:

ALPHONSE J. LEMANSKI

Signed:

Alphonse J. Lemanski

(check one)



Owner of record



Owner's attorney or agent of record

(Reg. No.)



Assignee's recorded Reel _____ Frame _____

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DATE: JUNE 26, 2002

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1- REVOCATION OF POWER OF ATTORNEY

APPLICANT/INVENTOR: ALPHONSE J. LEMANSKI

APPLICATION NUMBER: 10/079,801

FILING DATE: 02/19/2002

GROUP ART UNIT: 3681



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1- "FEE ADDRESS" INDICATION FORM

APPLICANT: ALPHONSE J. LEMANSKI

APPLICATION S.N. 09/736,869 FILED: 12/14/00

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